

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035864

FILED VS OCT 4 1960

316

Primary Registration District No. 3057

Registrar's No. 383

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre, Mo		Length of stay in 1b		c. CITY OR TOWN Elvins, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Near Elvins, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Otto Middle Nations Last Nations				4. DATE OF DEATH Month Sept Day 28 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 13, 1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Miner		11. BIRTHPLACE (City and state or country) Perry County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ross Nations		13b. MOTHER'S MAIDEN NAME Minnie Welland Nations		14. NAME OF HUSBAND OR WIFE Madge Nations			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 486-16-0207		17. INFORMANT Mrs. Madge Nations Elvins, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia (Labor) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 12 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Bronchial Asthma, ② myocardial infarction 1 year						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. TIME OF INJURY Hour a.m. p.m. 3	20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20g. CITY, TOWN, OR LOCATION		20h. COUNTY	20i. STATE
21. I attended the deceased from 1957 to Sept 28, 1960 and last saw him alive on Sept 28, 1960 . Death occurred at 90 on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) L. Foster M.D.			
22b. ADDRESS Desloge Mo				22c. DATE SIGNED 10-3-60.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-29-1960	23c. NAME OF CEMETERY OR CREMATORY Layne Cemetery		23d. LOCATION (City, town, or county) Elvins, Mo.		23e. (State)	
24. FUNERAL DIRECTOR R. Caldwell & Sons Flat River, Mo		25. DATE RECD. BY LOCAL REG. Oct. 3, 1960		26. REGISTRAR'S SIGNATURE Ethel R. Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. 5095

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.